Winnipeg Regional Health Authority | Office régional de la santé de Winnipeg

Briefing Note
Psychiatry On-Call Consolidation

Regional Management Council:	**For Information**	X	**Date** July 2, 2013
Regional Acute Operations Committee:	**For Discussion**	☐	**Date** July 8, 2013
Regional Integrated Services Committee:	**For Approval**	☐	**Date** June 24, 2013
Regional Strategic Planning Committee			
Issue Submitted in RHP	**Yes** ☐ **No** ☐		

Sign-off Required Prior to Submission:

WRHA Finance – Divisional Director Financial Planning	**Reviewed** ✓	**Date** June 17, 2013
WRHA Capital Planning – Regional Director Capital Planning	**Reviewed** ✓	**Date** June 17, 2013
WRHA Research & Evaluation - Director, Research & Evaluation	**Reviewed** ✓	**Date** June 20, 2013
WRHA Human Resources – Regional Director Corporate Programs & Policies	**Reviewed** ✓	**Date** June 18, 2013

Briefing Note items that relate to Restructuring, Program Transfers or Amalgamations require Human Resources sign-off.

Issue:
In order to deal with the diminishing numbers of community hospital psychiatrists combined with the need to address psychiatric coverage of the new Crisis Response Centre, it has become necessary to consolidate regional psychiatry on-call services from six sites (HSC, SBGH, Community, GGH, VGH, SOGH) to three (HSC, SBGH, Crisis Response Centre).

Background (Include Manitoba Health's Involvement to Date):
The overall number of psychiatrists available in the WRHA has declined owing to a combination of retirements, departures from the province, and practice reductions. Recruitment efforts, including those directed toward international graduates, have not yielded a sufficient number of new recruits to offset the decline in psychiatry availability. The community hospital sites have been the most affected by these changes as all of these sites have only had 3 to 4 FTE psychiatrists. With declining numbers of psychiatrists at these sites there has been an increase in the frequency of on-call duties, which further compounds the difficulties in recruitment (recent graduates from psychiatry residency are generally un-accepting of such practices). Maintaining on call psychiatry in 6 hospital sites, Urgent Care, the new 24/7 Crisis Response Centre and an increased number of community mental health services like PACT is untenable.

The Crisis Response Centre is a new 24/7 facility for urgent access to mental health crisis services. Although the program model is interdisciplinary community-based, there remains a need for a substantial psychiatry presence and psychiatry on-call services. This is a net new "add-on" of psychiatry services. In order to meet the projected volume requirements at the CRC, psychiatrists are being paired with Physician Assistants. Planning for the CRC included an assumption of the availability of after-hours psychiatry coverage. In spite of extensive recruitment efforts, coverage of the CRC cannot be accomplished without a contraction of current call sites.

In light of the above, there is a need to redistribute the roles and duties of psychiatrists to provide coverage of the CRC and to deal with the issue of inadequate numbers of community hospital psychiatrists to cover all emergency departments.

Options (Including Analysis/Rationale):

1. 23(1)(a)

23(1)(a)

2. "Consolidated On-Call Psychiatry Model"

The proposed reduction of psychiatry emergent care sites from six (HSC, SBGH, Community psychiatry, Vic, Grace, SOGH) to three (HSC, SBGH, Crisis Response Centre) would address the issue of excessive emergency on-call duties at the community hospital sites and contribute to the sustainability of these sites. Each of the community hospital and community psychiatrists would give up their current ED coverage and participate instead in the coverage at the CRC. This will provide a sustainable psychiatry on-call coverage model for the CRC as well. The consolidation will not affect current processes in the ER when individuals present and are seen by Psychiatric Emergency Nurses, other ER staff and the ERP. It only affects the situations when individuals require an emergent psychiatric consultation. Currently only a minority of individuals who present to an Emergency Room require an emergent psychiatric assessment.

This plan would require a few specific challenges to be addressed as well:

a) Not every emergency department in the city will have on site access to on-call psychiatry (note that the Concordia Hospital and the Misericordia Urgent Care currently have limited access to on-call psychiatry through community psychiatry on-call only).
b) Because of the above, there will be a need for some additional patient transfers from sites without psychiatry on-call coverage to the Crisis Response Centre.
c) To reduce the number of patient transfers, communication strategies will be utilized to get more patients to choose the CRC rather than an ED, and Telehealth strategies will be piloted and rolled out when feasible.
d) Over the longer-term, enhanced access to urgent (non-emergent) daytime psychiatric consultation will result in a further reduction in the need for emergency mental health visits.

Financial Impact:
The proposed changes to regional on-call will result in no new expenditures for medical remuneration. Community hospitals will still have psychiatrists on call providing coverage for their medical, surgical and psychiatric inpatient units. The medical remuneration budget of the CRC is sufficient to support this model.

There will be some increased transportation costs from community hospitals to the CRC. It is difficult to predict the actual impact as many persons (especially those accompanied by family or friends) may be able to travel without additional support. It is also anticipated that Telehealth capability and communication strategies on the benefits of the CRC will lessen the transportation cost impact.

Human Resource Impact:
This proposal does not involve new/additional positions or deletion of existing positions.

Operational Impact:
The main operational impacts will pertain to transportation services for between facility transfers. Over time, the use of Telehealth, communication strategies to encourage the use of the CRC rather than emergency departments and the envisioned future enhancement/ implementation of psychiatry urgent referral clinics should reduce the impact on transportation costs.

Clear protocols and communication processes for the community hospital EDs and the Crisis Response Centre will be developed to ensure seamless access and transition. A working committee with site and program representation has been struck to create the processes and determine appropriate risk mitigation strategies.

Benchmarking Data:
Data related to presentations for a mental health issue at community hospital sites is tracked (EDIS) and an electronic information system at the CRC will track presentations, transfers and processes utilized (Telehealth, etc). Wait time data tracking will be measured.

Recommended Option:

Option 2 – On call psychiatry consolidation is recommended because of the urgent situation related to adequate psychiatric coverage and the need to support the Crisis Response Centre as an alternative to the ED for individual in a mental health crisis. Non consolidation threatens both the viability of the 3 Community Hospitals ability to provide psychiatry on call within their ED and also threatens the viability of the Crisis Response Centre as an alternative to EDs.

Ethical Considerations:
Access to appropriate mental health psychiatry consultation is a critical component of a mental health system. The public and service providers will want to be assured that access to urgent psychiatric consultation is not limited or inaccessible with this consolidation. Collaboration within the consolidation process could actually increase the timeliness of consultation. Ethical considerations of beneficence, fairness and patient preferences have been considered throughout the planning process. There has been no formal consultation with WRHA Ethics Service or Council.

Equities Considerations:
The CRC is located in the downtown area – accessible for everyone. Consolidation of on call at the CRC with the combination of the adjoining HSC ED will ensure that some of the most vulnerable populations have access to mental health crisis services and appropriate psychiatry on call.

Communication Considerations:
A targeted communications strategy has been developed for the CRC with the expectation of gradual behavior change - individuals choosing to go to the CRC because the service better meets their needs.
Communication to key stakeholders like family physicians, other providers, ED personnel, Health links is all part of the overall plan.

This consolidation of On call Psychiatry will require a more focused communication process within the Emergency Departments. A focused communication plan with the public and key service stakeholders to shift to the use of the CRC will occur.

Impact on Patient Care:
The Crisis Response Centre has been built to improve patient and family satisfaction with mental health crisis services. Ongoing research and evaluation (which has been built into the CRC operating plan) will enable us to confirm the positive impact of providing more service at the CRC. The overall intent of the CRC had been to redirect individuals in a mental health crisis to a more appropriate service than a hospital ED. The consolidation of psychiatry on call will facilitate movement in this direction.

Consultation and Engagement:
There has been extensive consultation with the site mental health programs. There has also been consultation and engagement with the WRHA Emergency Program and site leadership at the affected sites.

Consolidation of call does fit within the planning framework and assumptions within the Roles of Hospital planning imitative which outlines a progressive movement towards consolidation and specialization at various sites. The Mental Health Program has already signaled the need to look at consolidation of acute care sites.

Cautionary Notes:

23(1)(a)

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Date:
June 10, 2013
Note: Incomplete submissions will not be placed on the appropriate agenda and will be returned.